

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3)					
4	1					
5	1					
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TOTAL IND. 3
TOTAL DEP. 21
TOTAL CLAIMS 24

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND. 3
TOTAL DEP. 21
TOTAL CLAIMS 24